



Harford County Liquor Control Board  
16 North Main Street  
Bel Air, Maryland 21014  
410.638.3028 410.879.6370

## REQUEST FOR PUBLIC INFORMATION

Date of Request: \_\_\_\_\_

Pursuant to Public Information Act of Maryland:

I, \_\_\_\_\_  
(Print Name)

hereby request the below listed information from the Harford County Liquor Control Board. *I acknowledge that the Public Information Act pertains to documents ONLY and that the Records Custodian, or his/her designee, according to Public Information Act, has the right to review this request, having up to 30 days to grant or deny it, with cause.* I understand that fees can be charged for retrieving and providing copies of this information.

NAME OF FILE/LICENSEE/APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In some cases, Maryland law requires the applicant to be a party in interest. This mandates us to ask who you are and why you need the information. If your request falls into this category your request may be denied if it is not determined you are a party in interest. Answering the below listed questions will assist us in determining whether you qualify as a party in interest.

What is your name, address and phone number? \_\_\_\_\_

\_\_\_\_\_

What is your interest in the record? (ie; licensee, witness, defendant, media, etc.) \_\_\_\_\_

\_\_\_\_\_

If you are an attorney, whom do you represent? \_\_\_\_\_

\_\_\_\_\_

If you are representing an insurance company, whom are you acting on behalf of? \_\_\_\_\_

\_\_\_\_\_

Your request can be mailed or dropped off at the Harford County Liquor Control Board Office at 16 North Main Street, Bel Air, Maryland 21014. There is a \$5.00 fee (non-refundable) for duplicating up to 5 pages of a report; additional pages are assessed a fee of .55 per page. Payment must be received in the form of check or money order. Reports can not be faxed or picked up while you wait. Once the Liquor Control Board Office had received your request and payment, the report will be mailed within 30 days. If the request is denied, you will be notified by mail.

If you have any questions about this procedure, please contact our office.

\_\_\_\_\_

Signature

\_\_\_\_\_

Contact Phone Number



LCB USE ONLY

Name of Person receiving request: \_\_\_\_\_ Date: \_\_\_\_\_

Request Granted: \_\_ yes \_\_ no

Reason Denied: \_\_\_\_\_

Material released: \_\_\_\_\_

\_\_\_\_\_

Date mailed: \_\_\_\_\_

Fee: \_\_\_\_\_ Time required for search: \_\_\_\_\_